## BOE-1400-B REV. 14 (1-03) CONTRIBUTION DISCLOSURE FOR PARTICIPANT (Witnesses, Etc.)

## STATE OF CALIFORNIA BOARD OF EQUALIZATION

FOR OFFICE USE ONLY (DISCLOSURE ID)

Government Code Section 15626(e) requires that a party to, or a participant in, an adjudicatory proceeding pending before the Board shall disclose on the record of the proceeding any contribution or contributions made within the preceding 12 months by the party or participant, or his or her agent, to any Member of the Board.

The Members of the State Board of Equalization are Betty T. Yee, Bill Leonard, Claude Parrish, John Chiang and State Controller Steve Westly.

CASE ID						FOR OFFICE USE ONLY (CLIENT ID)	
NAME	E OF PAF	RTICIPA	ANT				
ADDF	RESS (cit	y, state	e, zip code)				
_							
YES	NO	1a	Do you have a financial into	erest in this matter?			
			,		or an amployee of the Roa	rd on this matter; or have you testified or	
		ID.	Have you lobbied a Member or his or her deputy, or an employee of the Board, on this matter; or have you testified, or do you plan to testify before the Board on this matter; or have you acted to influence the Board's decision in this matter?				
			If you answered YES to bo	th, 1a & 1b, go to item 2;	if NO skip to item 8.		
		2.	List all "doing business as" or other corporate names used during the previous 12 months:				
		3.	Have you made any contribution(s) to any State Board of Equalization Member in the past 12 months? If YES, please complete information about the contribution(s) at the bottom of this form.				
	4. Is the participant a corporation? If YES, go to item 5; if NO skip to item 8.						
		5.	5. Is the corporation a close corporation? If YES, go to item 6; if NO skip to item 8.				
		6.	MAJORITY SHAREHOLDER NAME			FOR OFFICE USE ONLY (CLIENT ID)	
			ADDRESS (city, state, zip code)				
			months? If YES, please cor	mplete information about	the contribution(s) at the I	pottom of this form.	
8.	This fo	orm	must be signed by the ma	jority shareholder (if an	y) or participant.		
SIGNATURE(S)						DATE	
NAME	(S) AND	TITLE				PHONE NUMBER	
			CONTRIBUTI	ONS (Do not include co	ontributions from Politica	Al Action Committees)	
NAME CONTRIBUTED UNDER				CONTRIBUTION DATE	CONTRIBUTION AMOUNT	NAME OF MEMBER	